

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042063

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10236

FILED OCT 17 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN
ST LOUIS

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

c. CITY OR TOWN

TEXAS

FT WORTH

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION
FRISCO HOSP

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

3005 JAMES ST

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

RUFUS H

SNEDEKER

4. DATE OF DEATH

Month

Day

Year

OCT 12 1963

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3/15/1908

9. AGE (last birthday)

55

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RAILROAD

10b. KIND OF BUSINESS OR INDUSTRY

ENGINEER

11. BIRTHPLACE (City and state or country)

TEXAS

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

HARRISON Snedeker

13b. MOTHER'S MAIDEN NAME

Ruth WEHARS

14. NAME OF HUSBAND OR WIFE

Isabelle

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

Nil

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Isabelle Snedeker, 3005 James Ave.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ARTERIO-SCLEROTIC HEART DISEASE 9 DAYS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Fort Worth, Texas

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from OCT 3 1963 to OCT 12 1963 and last saw her alive on OCT 12 1963

Death occurred at 12:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

FRISCO HOSPITAL ST LOUIS MO

22c. DATE SIGNED

10/12/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

10-13-63

23c. NAME OF CEMETERY OR CREMATORY

Rose Hill Cemetery

23d. LOCATION (City, town, or county)

Fort Worth, Texas

(State)

24. FUNERAL DIRECTOR

ADDRESS

Albert H. Hoppe Inc., 4700 Washington, Blvd.

25. DATE RECD. BY LOCAL REG.

OCT 14 1963

26. REGISTRAR'S SIGNATURE

Earl Smith M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.